

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/639990

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	9 minus 20= *	
INDEPENDENT CLAIMS	1 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	345.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	690.00
X\$18=	
X78=	
+260=	
TOTAL	68.10

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 13 Minus ** 20 =		
Independent	* 1 Minus *** 3 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI-TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

TOTAL
ADDIT. FEE

TOTAL
ADDIT. FEE

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus ** =		
Independent	* Minus *** =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI-TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

TOTAL
ADDIT. FEE

TOTAL
ADDIT. FEE

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus ** =		
Independent	* Minus *** =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI-TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL	
ADDIT. FEE	

TOTAL
ADDIT. FEE

TOTAL
ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/639990

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
	Sm./Lg.				Sm. Entry	Lg. Entry		
Basic Filing Fee	<u>201/101</u>					<u>690.00</u>	•	<u>690.00</u>
Total Claims > 20	<u>203/103</u>	<u> </u>	<u>20</u>	•	<u> </u>	<u> </u>	•	<u> </u>
Independent Claims > 1	<u>203/102</u>	<u> </u>	<u>1</u>	•	<u> </u>	<u> </u>	•	<u> </u>
Multi. Dep. Claim Present	<u>204/104</u>						•	<u> </u>
Surcharge	<u>205/105</u>					<u>130.00</u>	•	<u>130.00</u>
English Translation	<u>119</u>							<u> </u>

TOTAL FEE CALCULATION

820.00

Fees due upon filing the application.

Total Filing Fees Due = \$ 820.00

Less Filing Fees Submitted = \$

BALANCE DUE = \$ 820.00

D. Thomas
Office of Initial Patent Examination

Figure 7